

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 15, 1883.

Original.

A REMARKABLE CASE OF ASTIGMATISM.

BY R. MAUPIN FERGUSON, M. D.

*Surgeon to Eye, Ear, and Throat Dept. of Louisville
City Hospital.*

Recently a very remarkable and an exceedingly interesting case has fallen under my observation. It is a case of astigmatism in which the general disturbances were so excessive that its dependence upon an error of refraction in the eye was for fifteen years overlooked. During this time the patient was under treatment of various physicians; but, as the connection of the trouble with the eyes was overlooked, no benefit whatever was received. By more than one member of the profession she was assured that her mind was threatened.

The patient, Mrs. St. J., is about thirty-five years old and in fair general health. She states that she has suffered a great deal from "biliousness" and from "fevers." She has very frequently vomited bile, and at one time says the vomited matters contained blood, and the diagnosis of gastric ulcer was made. Her son mentioned the case to me, and stated that she was always made sick, often retching and vomiting, when she looked at stripes. From this statement I suspected astigmatism, and felt quite confident that cylindrical glasses would give her complete relief.

The following is the history she gave bearing on her trouble:

"Fifteen years ago I noticed that whenever I did any ironing I became nauseated and often vomited. Then I noticed that this only happened while ironing a striped shirt. Finally the connection of my sickness with the striped shirt became so evident that I kept this shirt for the last, so that when I had finished my ironing and

had been made sick I could lie down. The affection gradually grew worse and worse until finally I was in continual dread of seeing stripes. Checked goods and polka dots affected me in the same way. In walking along the street I was continually seeing stripes, checks, or polka dots in dresses and in the windows, barbers' poles, palisade fences, American flags, and other striped objects. At home the bed ticks, etc., made me sick. My suffering from such slight causes became so great that I dreaded going in the street or visiting friends; and in covering the beds I always closed my eyes. For the last five years I have been *invariably* made sick by looking at stripes, checks, or polka dots. Sometimes I am only slightly nauseated, but at other times I am made deathly sick so that I go to bed and remain there for hours, and have at times been sick for more than twenty-four hours.

"During these attacks I suffer from great nausea, belching, vomiting, intense headache (frontal), a sensation of cold rising from the feet to the eyes, and a burning sensation from the eyes to the top of the head. My eyes become dull and heavy, my heart flutters, and I suffer from a sensation of constriction about the chest and want of air. Sometimes I become very faint and dizzy, but never lose consciousness, and often become very tremulous. The vomited matters frequently contain bile."

From the fact that these disturbances were connected with the sight of stripes I suspected astigmatism, though I am unacquainted with any case in which such symptoms were present.

With the retinoscope the unequal rapidity of the movement of light and shadow in the different meridians of the eye testified to its existence. Proceeding with the examination, I requested her to look at the radiating stripes used in detecting astigmatism; but they caused such violent retching

and belching that the examination had to be discontinued. The next time she called I was unfortunately arrayed in striped pants and checked cravat, and it was only after these had been covered that I was enabled to complete my examination.

The ophthalmoscopic examination revealed a normal fundus, the vessels in different meridians being seen with different degrees of distinctness (a result of the astigmatism).

Examined with test letters S. R. = $\frac{3}{8}$?, L = $\frac{3}{8}$ (?). The examination under atropia revealed compound hypermetropic astigmatism. She received glasses of +1 D.S. \bigcirc +1.25 D.C., axis vertical for both eyes, with which S = $\frac{3}{8}$, and reads J' perfectly up to 8".

Armed with these glasses, she can and does look at stripes, etc., with perfect impunity. Besides this, she is now enabled to read for hours, whereas for several years she has done no reading whatever on account of disagreeable sensations supervening whenever she attempted to read. When reading was persisted in for even a short time it caused a severe headache. She has now had her glasses one month and has not suffered from a single attack of her old trouble.

The history of this case is very different from that which astigmatics generally give. So far as I am aware no similar case has been reported. It is especially remarkable that the error of refraction causing such profound disturbances should be so slight.

The complaints of astigmatics vary somewhat, according to whether their astigmatism be simple, myopic, hypermetropic, compound, or mixed. In all cases alike there is indistinctness of vision, which may be so great that they fear they are going to lose their sight. Astigmatics frequently squint, as they often obtain much better vision by approximating the lids.

In astigmatism horizontal and vertical stripes, or stripes at right angles to one another, are not seen with equal degrees of distinctness; and it is frequently observed on looking at the clock that certain figures are very distinct, while those at right angles are very indistinct. The complaints in astigmatism are most frequently of indistinct vision, inability to continue long at close work, as in reading or sewing, and frequent recurring headaches, when the eyes are used much in such occupations.

In no class of cases do we hear such testimonials of gratitude as among the astigmatics who, having received proper correct-

ing glasses, find their eyes almost or quite as strong and sharp-seeing as those of other people, and have their dread of "amblyopia" removed.

REPORT OF CASE OF ABSCESS OF THE SMALL INTESTINE.

BY J. H. ASHLOCK, M. D.

S. W., a stout lad of twelve years, while playing at school, on the 20th of August, 1882, fell, his abdomen striking a small stump. He suffered but little pain at the time of the injury, and, excepting a slight tenderness over the abdomen with an indisposition to study or engage in plays, nothing unusual was noticeable about him for two weeks, at the end of which time he began to complain of severe paroxysmal pain in the abdomen.

A physician was called, and mistaking his case for colic induced by some indigestible article of food, administered cathartics. He rapidly grew worse.

I was called to see him three weeks from the date of the injury. I found him suffering the most agonizing pain; features pinched; pulse weak and one hundred and twenty per minute; constant sick stomach; temperature 101° F.; diarrhea. On exploring the abdomen I found localized tenderness in the umbilical region, about one inch above and to the right of the umbilicus. Firm pressure revealed a considerable induration which gave a dull sound on percussion.

I expressed the opinion that the injury was done to the small bowels, probably the jejunum, when he got the fall while playing at school, and told his parents that if the tumor should suppurate and be discharged from the bowels, the prognosis would be much more favorable than if it were to be discharged elsewhere; but at the best the prognosis was gloomy.

The treatment consisted of opium to relieve pain and keep the bowels quiet; subnitrate of bismuth for its soothing effect upon the mucous membrane; quinine as a tonic and antipyretic; and a cataplasm over the affected part. His diet consisted of concentrated nutritive liquids, and the parents were instructed to feed him often and but little at a time. He also got whisky every two hours.

He was kept on this treatment for four days, when he felt "something give way," and an immediate desire to evacuate his bowels.

A considerable quantity, near a pint, of pus and blood was discharged, and he expressed himself as relieved to a considerable extent. He was directed to continue the same treatment so long as there was pus or blood in the evacuations, which, however, entirely ceased in a week's time from date of first discharge. From this on he improved rapidly, and at this writing he is well and strong.

The only noteworthy feature in this case was the length of time between the date of injury and manifestation of the symptoms of abscess.

HARDIN COUNTY, KY.

Miscellany.

A HUMILIATING STATE OF AFFAIRS.—GIVE THE NAME.—For some time past we have noticed in some of our exchanges letters from students to deans of faculties and their replies, presenting a very humiliating state of affairs upon all sides. We can not conceive any benefit likely to accrue from this exposure, when it is all *sub rosa* so far as the parties connected with the transactions are concerned. We notice also that the same course is pursued by the Illinois State Board of Health, suppressing names and dates. Officers of the law, above all others, should, under all circumstances, unmask fraud whenever and wherever found, together with the names and residences of the perpetrators. We can assure the readers of the Monthly that, should any such letters as those to which we have alluded fall into our possession, we will, if we publish any part of them, publish the whole. Why not let the world know the names of the officers who *so far forget themselves as to prostitute their official positions, their professions and their professorships to surreptitious attempts at building up freebooting and bamboozling institutions*, such as would necessarily result from the course indicated by these communications? Pass around the names, dates, localities, etc., and let us know who the parties are.

[We condense the above from an editorial in the Mississippi Medical Monthly. The "*Louisville Medical College*" is the school alluded to in the various journals.]

THE Illinois State Board of Health declines to grant licenses to practice medicine to persons who have obtained a diploma by attending two courses of lectures within the

same year. A test case appeared in the form of an application for a license to practice based upon a diploma obtained by attending two courses in Louisville during less than one year. It does not appear whether the gentleman passed his examination or not.—*Detroit Lancet*.

DREDGING FOR MEDICAL STUDENTS.

LOUISVILLE, Ky, August 14, 1883.

Dear Sir: Your name has been decidedly sent to me by a friend, I am not informed at what school you have taken your first course, but I am certainly anxious to have you take your last one with the Louisville Medical College—the *foremost school in this country*. It has graduated hundreds of the *most successful practitioners in the world*, and I am told that you will not fail to add luster to its name should you wisely consent to complete your education here. This school has many important features possessed by *no other school in the world*, and *has never been equaled as a brilliant instructor*.

A limited number of beneficiary tickets will be issued to Kentucky students this fall. Now if you wish to avail yourself of this favor, call upon me or write at your earliest convenience.

The stage-coach from your place passes by my house. If you will stop as you come in town, you will certainly never regret having done so.

The reputation you will acquire by graduating at the *Louisville Medical College*, will aid you in obtaining a practice where ever you locate. *Your preceptor will lose interest in you as soon as you locate and become his competitor for practice, but this school will assist you, if you need it*, until you become, what all young men should strive to be, the best of good physicians. Call and become acquainted with the plan of instruction pursued by the Louisville Medical College. Believe me your friend.

Judging from what I have heard of you (I am anxious to meet you), I believe you are a student of no mean abilities. Don't fail to call on me when you come to town, for "I've something sweet to tell," etc. —

LOW DOWN.—Prof. Briggs showed us a letter last summer received by him, of which the following is a copy: Professor Briggs, dean of the university of Nashville. the Louisville Medical College offers to take 4 students for fifty Dollars What is the best turns your skool kin giv us pleas reply sune & I remain yours truly

CONCEPTION DURING AMENORRHEA.—Dr. Andre Petit (*Annales de Gynecologie*), after detailing carefully some twenty-four cases, arrives at the following conclusions: (1) If, in the adult woman of normal constitution, there is no menstrual discharge in the absence of the ovaries or of the physiological action of these organs, ovulation, on the contrary, can take place in certain cases without the discharge of blood, which is the external phenomenon of menstruation. (2) The cases cited do not furnish an argument in favor of the theory of *disjunction* between ovulation and menstruation. The latter, normally dependent upon ovulation, may sometimes be at fault, when there exists in the woman a local or general cause, which makes it impossible for the uterus to furnish the elements of a hemorrhage under the exciting influence of the ovary. (3) Amenorrhea under these circumstances is not an indication of sterility. There exists a large number of cases of pregnancy occurring during amenorrhea. (4) The physician should seek with the greatest care the cause of the amenorrhea to be able to declare understandingly regarding the aptitude for marriage and fecundation of young girls suffering from this affection.—*Journal of the American Medical Association*.

THE TELEGRAPH IN MEDICAL JOURNALISM. The British Medical Journal, while complimenting our own Medical Record, of New York, upon its journalistic enterprise in providing its readers with telegraphic summaries by cable of the daily proceedings of the British Medical Association during its Liverpool session, shows that it, the British Medical Journal, took precedence in this use of the cable, by thus obtaining reports of the progress of cholera in Egypt from eminent medical authorities in Cairo and Alexandria, which were far more extended and elaborate than the reports cabled to the Medical Record. We are moving on.

FETAL CALF WITH A FIFTH LIMB GROWING FROM ITS BACK.—Dr. W. F. Whitney and Dr. Hosmer exhibited a specimen, described as follows, before the Boston Obstetrical Society: "It was about eight to ten inches in length, and apparently somewhat macerated. From the lower part of the dorsal region was apparently a fifth leg, poorly developed, and without any large amount of bony material. The hoof was represented by three parts instead of two, and from this it was suggested that the leg

was possibly double. From the condition of the specimen this could not be determined. Otherwise the animal was apparently well formed. Internal organs not examined.—*Boston Medical and Surgical Journal*.

AN UNUSUAL CASE OF TETANUS.—A boy, aged nine years, died in Guy's Hospital from tetanus two days after a fall from a ladder. (*Med. Times and Gaz.*) Mr. Dendy, house-surgeon, in his evidence, said that they had been unable to trace the least scratch or wound, or even sign that the deceased had had a fall, except that pressure about the neck appeared to give him pain. Nor did the autopsy show any injury, either local or to the spinal cord or elsewhere. The occurrence of tetanus without breach of surface is very unusual in this country. When it does take place, it usually follows blows or falls on the back of the head or on the spine. The exact percentage of such cases is not known. In our most reliable statistics, those of Guy's Hospital, twenty-three cases of tetanus occurred out of a total of three thousand six hundred and sixty-eight surgical lesions, with one case under the mixed heading of "Injuries and Contusions." The author, Mr. Poland, however, says "there is scarcely a single lesion which may be said to be exempt from its attack, from the simple bruise or graze to the most severe compound fracture." It is difficult to know whether to regard this particular case as idiopathic or traumatic tetanus; and, unfortunately, we get no aid from the pathology of the disease, for it is considered by some as due to sepsis, and by others to peripheral nerve-irritation.

THE ORIGIN OF VACCINIA.—M. Warlomont, of Brussels, read a paper to the Académie de Médecine (*L'Union Méd.*) in October. These are his conclusions: (1) Neither horses, cows, nor any other animals can be considered as vaccinogenous. Neither horses nor cows can directly give rise to horsepox and cowpox; either must have previously received the originating germ. (2) The original cause of vaccinia, in its relation to the cow and horse, is nothing else than variola; introduced into the organisms of these animals, it there undergoes an attenuation resulting in vaccinia. (3) This attenuation is less in the case of horses than of cows; consequently horsepox more nearly approaches the character of variola. (4) The horse is, therefore, less fitted for the culture of vaccinia. (5) Artifi-

cial variola or vaccinal impregnation in the horse by inoculation or intra-cutaneous injection, seems to be produced very much as in the case of the cow, and immunity should be the result of this impregnation.

GOOD STRONG VINEGAR.—Dr. Squibb recommends a mixture of diluted acetic acid two hundred and fifty-six parts, alcohol one part, or about one half fluid ounce to the gallon. (N. C. Med. Jour.) If the mixture be set aside for a few weeks—the longer the better—enough acetic ether is generated to give it the full, clean aroma of fine vinegar; and then for table use it is very far superior to vinegar made in the ordinary way by fermenting cider, and it is more wholesome, because free from decomposition products of the fermentation of rotten or bad fruit, and free from animalculæ and other impurities always present in vinegar by fermentation.

DR. EDWARD WARREN-BEY, of Paris, has received two new decorations, "Officer of the White Cross of Italy" and "Member of the Order of Universal Samaritan of Geneva." (Fredericksburg News.) Dr. Warren was a Confederate surgeon, after the war he served as surgeon-general in the Kehdive's army and was made a Bey for saving the Turkish Minister of War's life by an operation for strangulated herina. He now does a large practice in Paris.

REFUSION IN CARBONIC-OXIDE POISONING. Dr. R. F. Weir says that last spring his attention was called to the frequency of coal-gas poisoning during the past few years, and also to the fact that most of the cases were due to gas made by the water process, in which carbonic oxide existed in the proportion of about twenty-five to thirty per cent, whereas in ordinary coal gas, made after the old method, it existed in the proportion of only two to six per cent. The danger, therefore, from leakage, unburnt gas, etc., in the use of water gas, was apparently very great, and should be known more generally than it now was. Coal or naphtha gas was much safer.—*N. Y. Med. Jour.*

MERE ASSERTIONS.—Books and journals of therapeutics teem with assertions founded on evidence which true scientific investigators, such as those who are now so successfully exploring the unknown fields of physiology, clinical medicine, and pathology, would not look at.

GELSEMIUM SEMPERVIRENS.—Is gelsemium a useful and practical remedy for neuralgia? On this point we think medical opinion would be considerably divided. (Med. Times and Gaz.)

[Proved facts are certainly very limited concerning this drug; and it is sadly true that the same remark may be justly made concerning a vast number of our medicines.]

YELLOW OXIDE OF MERCURY IN OPHTHALMIA.—Dr. Jonathan Hutchinson says, since he has come to appreciate the value of yellow oxide-of-mercury ointment in the treatment of chronic inflammations of the eye, he has been able to abandon almost entirely the use of blisters, setons, and like painful measures.—*British Medical Journal.*

MALPOSITION OF TOOTH.—Dr. de Havilland Hall read to the Medical Society of London notes of the case of a girl, aged fifteen, in whom there existed in the right nostril a misplaced tooth, which turned out to be the right permanent canine.

SIR WILLIAM MACCORMAC.—We are glad to note the safe return of Sir William MacCormac from the United States. We gather from the American press, both lay and medical, that his visit has been a very agreeable one on both sides.

SALVE.—A tradesman having bought a door-mat with the word *salve* (welcome) in the center, a country relative, on seeing the mat, inquired, "I say, cousin John, what kind of salve is it that you advertise on your door-mat?"

NO TIME FOR HISTORY.—The Medical Times and Gazette says: History does not usually flourish in times of great activity. While discovery is progressing, men are looking forward too intently to find time for looking back.

TRICHINOSIS has broken out in another German town, Thorn, and fifty persons have been attacked by it. So much for eating uncooked pork! Ham and sausage are habitually eaten raw in Germany.

A CANCEROUS liver, weighing seventeen and a half pounds, is reported by Dr. Wertenbaker in the Virginia Medical Monthly.

DR. ANGEL MONEY is a member of the Pathological Society of London.

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LUNSFORD P. YANDELL, M.D., - - }
H. A. COTTELL, M.D., - - - - - } Editors.

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CARBOLIC ACID AS AN ANTIPYRETIC.

Some ten or twelve years ago carbolic acid was brought forward on theoretical grounds as a remedy for malarial affections, and, being put on trial by some of our clinicians, was soon set aside as a doubtful and dangerous drug for internal use. The acid at this time was prescribed in very small doses, and thus administered in malarial diseases was not followed by results sufficiently marked to bring it into favor with the profession. Being a corrosive and neurotic poison, unmanageable by ordinary means and without a chemical antidote, extreme caution in its administration was the part of wisdom with those who employed it; but further study has proved that it may be tolerated in larger doses, and whatever may be its efficacy in malaria, its power to reduce temperature and otherwise favorably influence the course of certain forms of continued fever now seems to be clearly demonstrated. Within the present year several articles have appeared reporting certain cases of typhoid and typho-malarial fever, in which the drug doses of five drops every three or four hours, or in smaller quantities repeated at shorter intervals, so as to obtain its full

constitutional effect, has produced a marked depression of the temperature curve, with favorable collateral results.

Among these may be mentioned a paper,* read before the College of Physicians and Surgeons, by J. C. Wilson, M. D., Philadelphia, in which the author shows a record of sixteen cases of typhoid fever treated in hospital practice, the principal prescription being tincture of iodine two parts, carbolic acid one part. This was given in doses of one, two, or three drops every two or three hours during the day and night. The effect of this treatment was most satisfactory, the patients going into convalescence rapidly and making a complete recovery. But more remarkable than this is an article by Dr. John S. Lynch, in the transactions of the Medical and Chirurgical Faculty of the State of Maryland, for 1883, which seems to show clearly the therapeutic value of carbolic acid. This observer states that he has given carbolic acid in doses of five drops, with glycerine as a menstruum, every three or four hours, in every form of fever occurring in his practice during the last three years, and has found with but few exceptions that it promptly reduces the temperature. He cites two cases which are highly significant in this connection. In the one the patient had been suffering for several weeks with an obstinate malarial fever, which presented in its course certain typhoid symptoms. The temperature ran high, and showed an afternoon and evening range of 103° and 105° Fahr., after a treatment lasting one week, in which from forty to sixty grains of quinine had been given daily. Following the administration of carbolic acid in this case, the next exacerbation showed a temperature of 102°. It subsequently fell to 101°, above which it never rose, convalescence being established within another week. The other was a case of erysipelas, following the ablation of a breast for tumor. The patient was treated with quinine, tincture of iron, and whisky for several days; but the temperature which was at first but moderately high

*Louisville Medical News, Vol. XV, page 49.

ran up in a few days to 105° , the pulse being 120 per minute. Under the carbolic acid this temperature was reduced in thirty-six hours to 103° , but speedily mounted to 107.5° when the remedy was discontinued. On resuming the treatment the patient soon presented a morning temperature of 99° , with an evening registry of 101° , the curve reaching 102.5° once only in the subsequent history of the case. The patient made a rapid recovery. Further commenting on the good effects of carbolic acid, Dr. Lynch says:

"In enteric or typhoid fever, it seems especially applicable. Not only does it keep the temperature down nearly to the normal, but it seems to prevent diarrhea and tympanites, deprives the fecal discharges of the characteristic fetid smell, and prevents entirely the secondary fever which often protracts the disease through many weeks, the patient dying from exhaustion. When the carbolic-acid treatment has been early instituted, I have never seen the disease protracted beyond the eighteenth day, and generally it terminates on the fourteenth. In septicemic fever the acid seems to act with a certainty and an energy far superior to quinine. In the so-called hectic fever of phthisis, carbolic acid is very valuable. I have now several cases of this disease under treatment, and in all of them the temperature is kept down nearly to the normal by this drug."

The above are indeed most interesting observations, and not without promise of good results, through the application of the principles of the much-abused antiseptic doctrine to the treatment of zymotic diseases. It is true that the chief point noted as characteristic of the action of carbolic acid, thus exhibited, is reduction of temperature; but when the very high thermal range of nearly all zymotic affections is taken into account, it is probable that the remedy acts by destroying the specific cause, the reduction of temperature being but a secondary result.

While carbolic acid is the agent under special notice in this article, it should not be forgotten that similar effects seem to have been obtained from other antiseptic drugs. Iodine has for sometime been employed by the Germans as a "specific" in typhoid fever. Dr. Wilson, in the prescrip-

tion above quoted, gave it in combination with carbolic acid, and finally, the experience of not a few practitioners would seem to bear testimony to the value of salicylic and sulphurous acids in the treatment of the same disease.

The *modus operandi* of the so-called antizymotics when internally administered is of course a mooted question, but until the susceptibility of known specific organisms to the action of these agents is carefully studied, the argument against their germicidal power which is based upon their failure to destroy the common bacterium, except in concentrated solutions, is at least premature. Plants and animals of macroscopic dimensions differ widely in their powers of resistance to destructive agencies, while many of the microscopic forms of life are known to exhibit similar differences, and in view of these facts it is neither scientific nor logical to maintain that the delicate bacillus or micrococcus can not be destroyed by small doses of antiseptic drugs, because forsooth the hardy bacteria of putrefaction can shake their sides in a strong solution of iodine and swarm by the million in all manageable mixtures of carbolic acid.

THE LOUISVILLE MEDICAL COLLEGE.—The leading medical journals of the country are publishing and severely commenting on the "beneficiary" letters with which this misguided school has flooded the land. In another column is published a letter, handed to us by its recipient. It needs no comment, for it speaks in trumpet tones—may we not say, without being unparliamentary, in strumpet tones.

Following the trumpet letter, is one shown us by Prof. Briggs, Dean of the University of Nashville, received last summer.

MASSAGE.—Marvellous effects, it is believed, are produced by massage. Miss Lawney, whose card will be found among our advertisements, is recommended by Dr. Goodell, of Philadelphia, as mistress of the art.

Bibliography.

Materia Medica for Physicians and Students.

By John B. Biddle, M.D., late Professor of Materia Medica and General Therapeutics in Jefferson Medical College, Philadelphia. Ninth edition, revised, rewritten, and enlarged, in accordance with the sixth revision of the U. S. Pharmacopeia. By Clement Biddle, M.D., U. S. A. With numerous illustrations. Philadelphia: P. Blakiston Son & Co. 1883.

This work has so long been in the lead as a text-book for medical students, that it needs scarcely more than a passing notice at our hands. The many new remedies introduced since the issue of the eighth edition, with new views as to the action of medicines, and new schemes for a classification, called urgently for a new edition.

Some thirty new remedies have been added, and it is interesting to note that the greater number of these are vegetable substances.

The classification has been re-arranged to accord with the views of the subject now entertained by the best authorities, calabar bean, conium, cocculus indicus, and wo-rara, taking their place among the spinants, while the bromides are now classed with narcotics, and a new order, namely, antiseptics, has been added to the class of topical agents.

In considering the action of medicines, the physiological has been substituted for the empirical plan, which with the adoption of the new chemical nomenclature, forms the most important feature of the revision.

The editor has done his work in a praiseworthy manner, and the publishers issue the book in handsome style. Admirable in arrangement, rich in contents, and classic in diction, it will be many years before a book can be found worthy to supersede it in the estimation of the student in materia medica.

The Medical Record Visiting List, or Physician's Diary for 1884. New York: Wm. Wood & Co.

This well-known publication, revised and improved for the new year, presents a royal appearance in its dress of Turkish Levant leather and gold.

The body of the book contains a visiting list for thirty patients a week, with ample space for charges, and a special column for figures, indexing the page of the patient's account in the ledger. This is followed by pages especially ruled for keeping a

record of consultation practice, obstetric engagements, obstetric practice, deaths, nurses addresses, and patient's addresses, with a department for cash accounts. The reading matter in the first part is excellent, presenting in a remarkably condensed form a great variety of useful information.

The Physician's Pocket Day-Book. Good for thirteen months. Designed by G. Henri Leonard, M.A., M.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology in the Michigan College of Medicine, etc. Detroit, Mich: The Illustrated Medical Journal Company.

This day-book accommodates daily charges for twenty or forty families weekly; has a complete obstetrical record for ninety-four cases, and a monthly memoranda for Dr. and Cr. cash accounts. It is handsomely made, and well arranged, and must be popular, especially with physicians who wish to avoid the trouble of special book-keeping.

The Physician's Visiting List for 1884. Thirty-third year of its publication: Lindsay & Blakiston.

If we are not mistaken, this is the father of all our American visiting lists. Be this as it may, no book of the kind has enjoyed a wider popularity. Among its new features for 1884 are a revision of its posological tables, bringing them into harmony with the new Pharmacopeia, a list of new remedies, Sylvester's method for artificial respiration, illustrated by two figures, and a diagram of the chest for ready use in diagnosis. It can be had with or without dates at the heads of the columns recording daily calls, the latter arrangement making it good until filled.

A HANDBOOK OF THERAPEUTICS. By Sydney Ringer, M.D., Professor of the Principles and Practice of Medicine in University College; Physician to University College Hospital. Tenth edition. New York: William Wood & Co. 1883.

A TREATISE ON DISEASES OF THE NERVOUS SYSTEM. Vols. 1 and 2. By James Ross, M.D., LL.D., Fellow of the Royal College of Physicians, Lond., etc. Illustrated with lithographs, photographs, and three hundred and thirty wood-cuts. Second edition, revised and enlarged. New York: William Wood & Co. 1883.

CLINICAL CHEMISTRY. An account of the analysis of blood, urine, morbid products, etc., with an explanation of some of the chemical changes that occur in the body in disease. By Charles Henry Ralfe, M.A., M.D., Cantab. Fellow of the Royal College of Physicians, London; Assistant Physician at the London Hospital, etc. Illustrated with sixteen engravings. Philadelphia: Henry C. Lea's Son & Co. 1883.

EPITOME OF SKIN DISEASES. With formulæ for students and practitioners. By the late Tilbury Fox, M.D., F. R. C. P., and by T. Colcott Fox, M.D., M. R. C. P. Third American edition, revised and with additions. By T. Colcott Fox, B.A., Cantab., M. B., Lond., Physician for Diseases of the Skin to the Westminster Hospital; Physician to the Skin Departments of the Northwest London Hospital, etc. Philadelphia: Henry C. Lea's Son & Co. 1883.

istry do. It is an accurate though not much used method for the quantitative estimation of phosphoric acid. To make assurance doubly sure, I made a series of experiments on this subject in my laboratory. If a few drops of perchloride of iron is added to healthy urine free from mucus and albumen, a bulky, milky, flocculent precipitate at once falls. This precipitate changes to a dirty yellowish white color on standing. If the solution of perchloride of iron contains free acid, the precipitates will redissolve on heating or standing for a while. The precipitate was filtered, washed, and dissolved in acetic or muriatic acid; the acid solution was tested and found to contain both iron and phosphoric acid, in the proportions to form phosphate of the sesquioxide of iron. Similar results will be obtained by using the officinal tincture of chloride of iron.

J. B. MARVIN, M.D.

Correspondence.

CHLORIDE OF IRON AS A TEST FOR PHOSPHATES.

Editors Louisville Medical News:

In glancing over the last edition of Harley on "Diseases of the Liver," my attention was arrested by the foot-note on page 144. In speaking of testing urine for salicylic acid by perchloride of iron, the following statement occurs: . . . "This milky compound, which I have found forms in all normal human urine on the addition of perchloride of iron, is not due to the presence of either ordinary albumen or mucus. Although I have often seen it, I have never taken the trouble to analyze it, on account of time being to me nowadays a rather valuable commodity. Were I less occupied, I would investigate the point at once." It at once occurred to me that the precipitate was phosphate of iron. It seems strange that the author, who rather prides himself on making chemistry the chief corner-stone of his practice and teaching, should fail to recognize the compound. The merest tyro in analytical chemistry makes use of the fact that phosphates of the alkalies and alkaline earths (the forms which occur in urine) form insoluble compounds with solutions of perchloride of iron.

Though works on the urine fail to mention perchloride of iron as a test for phosphoric acid, still works on analytical chem-

Selections.

UTERINE MILK.—A recent number of the *Zeitschrift für Geburtshilfe und Gynäkologie* contains an article by Dr. G. von Hoffmann, of Wiesbaden, in support of the doctrine advocated by Ercolani, and to a certain extent by Dr. Braxton Hicks, viz., that the fetal villi in the placenta do not float naked in the maternal blood, but are surrounded by cells whose function it is to secrete a special fluid serving for the nutrition of the fetus, and called uterine milk. (Medical Times and Gazette.) Dr. von Hoffmann believes that he has been able to extract this fluid from the human placenta. His method is simply this—he takes quite a fresh placenta, which has not been allowed to come in contact with water, and lays it with its maternal side uppermost. A cotyledon, the integrity of which has not been damaged, is then selected, and carefully dried with a sponge or towel, so that no blood adheres to it, and into it a capillary tube is then pressed, so that it may penetrate about one third or half an inch. The tube thus used pushes the villi aside and lies in the intervillal space. It is important in inserting the instrument to see that no blood-vessels are injured by it, lest blood be effused between the villi. When a capillary tube is employed in this manner it sucks up the fluid from the inter-villal space (i.e., the uterine milk), which can then be collected and examined.

Dr. von Hoffmann has examined the fluid from about forty placentæ, some at term, others from cases of abortion at different months. Microscopically, he finds in it the following constituents: (1) Red blood corpuscles of different sizes and depth of color, often, especially in placentæ of the earlier months, with little or no tendency to aggregate into rouleaux. (2) White corpuscles. (3) The chief structures contained are what the author calls "uterine milk globules, peculiar clear, round globules having a very thin, feebly refracting wall, on the average about as large as white corpuscles, but varying from a tenth of, to twice their size. These bodies precisely resemble those seen in "uterine milk" obtained from the placenta of the cow. (4) Clear watery intercellular fluid. The above-described "uterine milk globules" are present in such numbers that Dr. von Hoffmann calculates that each cubic millimeter of the fluid contains one hundred and eighty thousand to two hundred thousand of them. (5) There are also found free decidual cells and pigmentary molecules, granules, and flakes of different shapes and sizes, which our author regards as the products of the disintegration of red blood-corpuscles. Fluid such as this, Dr. von Hoffmann states, can be extracted from every healthy placenta; if it is wanting, the placenta is not healthy. He believes, moreover, that he has traced the mode of formation of these "uterine milk globules" from decidual cells, and the production of the large decidual cells from the many nucleated "giant cells" of the decidua.

Dr. von Hoffmann's views as to the physiology of fetal nutrition are summed up in the following propositions: (1) The general office of the decidua, both in animals and in man, is to supply the fetus during its intra-uterine life with a part of the nutritive material necessary for its growth. To fulfill this function the decidua serotina becomes a special milk-secreting organ, which, after the birth of the child, is expelled with and as an integral part of the placenta. (2) The secretion of this organ, the so-called uterine milk, is separated into gradually formed spaces, in which lie the placental tufts. Here the uterine milk is mixed with maternal blood, which is at the same time extravasated, and together with it forms the material for nutrition of the fetus, this material being only suited for absorption by the placental villi when these changes have taken place. (3) From the point of view of the comparative anatomist, it can no

longer be maintained that there is any essential difference in this respect between the placenta of man and the lower animals. Dr. von Hoffmann promises a further communication, in which he will elucidate the mode in which this uterine milk is absorbed by the placental tufts.

Musk.—From the report of the German Consul-General in Shanghai. (New Remedies.) It is well known that in China every thing smells of musk. Both sexes are accustomed to carry it with them in little boxes and to keep it in their clothes-presses. While it is losing ground in European therapeutics, the cures attributed to it in China are very manifold, as may be supposed from their mythical nature.

When we consider that an export of 3,000 catties, each catty containing fifteen to twenty pouches of Yunnan, or twenty to thirty of Tonquin musk, means the sacrifice of no less than 60,000 musk deer, and this quantity has been reached several times of late years, and then if we add to this the consumption in China itself, which can scarcely be estimated, we see that it is not too much to fear the entire extirpation of this useful as well as graceful animal. The adulterations of this ware seem to be as ancient as the trade itself. Du Halde mentions it as being very common, and refers to pulverized rotten wood as one of the ingredients; and he also speaks of artificial pouches with which they avoided the law then in force against selling musk to foreigners. At present really pure musk scarcely comes in the market at all. Even the best chops do not contain more than fifty or sixty per cent of genuine substance, and on the average we must be satisfied with about thirty per cent.

The adulterants of musk are generally coagulated blood, a fatty earth (or ocher), paper, hair, pieces of leather, etc., which are introduced into the bags so skillfully as to require a sharp eye and years of experience to be able to detect it. It is not customary here to make any chemical test; the musk inspector takes out a little of the substance with a silver needle, notices its odor, and estimates its value. The pods or bags are immediately assorted according to the percentage of adulteration that he thinks he has discovered in it, and put in piles called 1, 2, and 3, for the European and American market, where this classification is frequently changed and others substituted.

Each pouch is then rapped in Chinese paper and put in a pasteboard box lined with lead, and covered with silk. Each of these boxes contains a catty of musk; they are finally put in a wooden box lined with zinc. These boxes are of different sizes according to the size of the chop to be packed. They are generally shipped by the mail steamers, being placed in the safe reserved for bullion and treasure. These precautions are necessary on account of the high price of the goods as well as liability to evaporation. The ships of the old East India Company are not allowed to take any musk on board.

The total export for the last five years was 25,664 catties, or 33,875 pounds, valued at \$2,728,800. The chief port of export is Tientsin; Shanghai and Canton export very little.

UNILATERAL RETINITIS ALBUMINURIA IN A PATIENT WITH BUT ONE KIDNEY.—Yver reports the following rare case in a Spaniard, aged forty-three, who had had most of the subjective and objective symptoms of parenchymatous nephritis, and in whom the right eye remained absolutely intact throughout the entire course of the disease. In the left eye there were the usual yellowish-white masses of exudation in the retina, beneath the vessels in the region of the macula, and between the latter and the disk. There were numerous punctate hemorrhages, and some larger extravasations. Vision was not much affected when the patient first came under observation, but subsequently was almost entirely lost. After he had been under treatment about six weeks, the vision improved almost to the normal standard, and there was a considerable diminution of the retinal exudation. He subsequently, however, grew very much worse, the vision was again nearly lost, and the patient died in about ten weeks from the time he first came under observation. At the autopsy the right kidney was found to be entirely absent, there being not a trace of kidney, artery, vein, or ureter, though the suprarenal capsule was present in its accustomed place, and was of normal size. The place ordinarily filled by the kidney was occupied by a portion of the right lobe of the liver, enormously hypertrophied. The left kidney was in its normal position, was considerably hypertrophied, and presented the characteristics of the large, white, parenchymatous nephritis.—*Boston Medical and Surgical Journal*.

POISONING FROM HANDLING THE VANILLA BEAN.—M. le Dr. Sayet gives an interesting communication to the Congress at Rouen on this subject, which is quoted by Dr. Genervix, in *La France Medicale*. The vanilla, as we know, is a fruit with its pod, that is smooth, of a brownish-black color, and contains a thick pulp, in which are scattered little globular grains. There are three varieties, according to the quality and size—the *primiera*, where the pod is twenty-four centimeters long, the *chica prima*, and the *basura*, where the pod is very small and the pulp is very fat. The vanilla owes its perfume to a volatile oil which crystallizes on the surface of the pod as white needles, which constitute the *givre*. The abundance of *givre* characterizes good vanilla, and the pods are enveloped in some fatty substance like the oil of cacao, to prevent the dissemination of these crystals.

M. le Dr. Sayet, having had occasion to inspect the storehouses of the city of Bordeaux, where at least twenty-five to thirty thousand kilograms of vanilla enter the port every year, noted certain symptoms which, grouped together, constitute "*vanillism*." In these places the pods are cleansed, picked over, and classified according to their quality; and these manipulations produce the following symptoms among those conducting the work:

An itching of the face and hands, accompanied with a brisk smarting; the skin is covered with a pruriginous eruption, swells, reddens, and desquamates in a few days. At other times there is a sense of general discomfort, with dizziness, weariness, and muscular pains, which necessitates a suspension of work. The cutaneous affection is caused by an *acarus*, which has a small white body, rounded and found generally at the extremities of the pod. It does not penetrate beneath the skin, but produces prurigo by contact, and its action is increased by the influence of the *givre*, an irritating substance which aids in the development of the erythema. The nervous affections are most common among the workers of the inferior quality, and may be due to the oily juice which envelopes the grains in the interior of the husk.—*Journal of the American Medical Association*.

THE "LONGINGS" OF PREGNANCY.—Dr. Forrester remarked that he was surprised to find that Lusk, in his *Midwifery*, observes: "The consuming desire for unwonted articles of food, which is customarily

termed 'longings,' I have never yet witnessed, and am tempted to regard as, in a measure, mythical." He therefore reported the case of Mrs. T., who had an uncontrollable desire for uncooked starch. Mrs. T., thirty-eight years of age, was married when fifteen years of age, and fifteen months later gave birth to her first child. She has since been delivered of six living children, and had two miscarriages. When about three months pregnant with her sixth child, who was born November, 1867, she commenced to eat dry corn starch, at first only in small quantities, but at the time of confinement she was using four one-pound packages a week. After delivery she gave up corn starch for common starch, the use of which she continues to the present time. The daily amount varies, the better she is the more she eats. Her general health has been fair, and has not suffered from any intestinal disturbance excepting slight irregularity of the bowels.—*Boston Medical and Surgical Journal*.

THE SUB-UNGUEAL PULSE.—Dr. Henri Gripat in 1873 noted a case of sub-ungueal pulse, which is considered as the first time that this phenomenon has been observed. Dr. Gripat tells us (*La France Medicale*) that he has never been able since to observe a second case, but he gives the notes of the case cited. It occurred in a young patient suffering from rheumatism of long standing, having an old aortic insufficiency, with hypertrophy and anemia during an attack of subacute rheumatism. The pulse was regular, bounding, depressible; and could readily be seen in the arteries of middle size, as the temporal, radial, tibial, and collaterals of the fingers. On raising the fingers a little, while the hand remained flat on the bed, the blood could be seen passing briskly under the nail and coloring it red; this color disappeared almost immediately and the nail became white in its center, remaining red only at its periphery. The coloration was transient, intermittent, pulsatile, and systolic. *Journal American Medical Association*.

A CASE OF CHROMIDROSIS.—F. Duffy, M. D., of Newberne, N. C., reports a case of this affection in the November number of the *N. Carolina Medical Journal*. A negro, aged sixty-five years, consulted Dr. D. on account of the red-colored perspiration which had occurred occasionally during nine months. The doctor continues: Although I had before seen two cases of red-

dish exudation from the skin—one unilateral, chiefly in the right arm-pit, and the other about the groin—I had never seen so well marked a case in the brightness of the red and the extent of the perspiring surface.

I was disposed to question its genuineness, but repeated observations and cross-examinations led me to believe the old man's statements. Recently, not being expected by him, I went to his house—found him wearing a blue checked shirt, the collar of which was distinctly stained red. He said, with the exception of the stains which I saw he had not had any colored perspiration in several weeks. A close examination showed the stains to be chiefly on the right side.

My first knowledge of this patient was six months ago, when he consulted me on account of partial loss of vision with fever, pain in the eyes and around the orbit. His vision was O. D. 10-30, O. S. 10-30X. Glaucoma was suspected, but tension was not sensibly increased. Ophthalmoscopic examination showed the refracting media to be clear. The results of the examination were chiefly negative. There is a slight appearance of atrophy of the nerve. He improved while taking full doses of quinine, bromide of sodium and fluid extract of gelsemium. Fever and pains disappeared, but there was very little change in vision.

During the past five years this man has been subject to seizures which I think are of an epileptic character. He says, on one occasion while in his workshop, every thing seemed very suddenly to turn upside down.

His daughter describes a sort of convulsive attack which he has at night while asleep, and which I take to be a mild form of epilepsy. These facts are stated to establish the probable neurotic origin of the chromidrosis. He complains of great languor when the sweats occur. He was treated with free doses of bromide of sodium followed with Fellows's syrup hypophosphites, under which he has improved.

[We have encountered but one case of red perspiration. This was general, but most decided on the upper portions of the body. The patient was a delicate hysterical young woman given to severe nervous attacks. The various chromidrosis and other dyshidriæ are supposed to be neurotic.]

A CASE OF fetus retained in utero six months after labor at full term is reported by W. Peyre Porcher, M. D., of Charleston, in the *North Carolina Journal* of November.

"I saw her the first week in October, and found her extremely emaciated, and a terrible fetor in the room; examination showed a portion of one limb, the femur, presenting. The nurse stated that bones had been discharged per rectum with her feces. The patient's strength was so exhausted that repeated doses of whisky were required. Having a pair of bullet-forceps we introduced them into the os and dilated it as much as possible; then grasping the presenting thigh with a pair of shoemaker's pincers, which was the only instrument in reach that would retain any hold, it was drawn down into the vagina and a stout piece of cord attached. The fetus was delivered with the greatest difficulty, as it was in an advanced state of putrefaction, the flesh giving away as soon as seized, so as to compel its removal almost piecemeal. The fetor was overpowering. A dose of oil and brandy was administered, and the patient expressed herself comfortable. On visiting her the following day, she had rallied completely. The oil had acted well; the feces had passed both through the rectum and the vagina, proving the existence of a recto-vaginal, or recto-uterine fistula, and accounting for the discharge of the bones of the foot and leg. I supposed it to be a recto-uterine fistula, because, had the bones entered the vagina at all they would naturally have passed out at the vulva. The presentation appears to have been that of a knee, the bones below the knee having separated and worked their way through as stated above. We found no placenta, it was probably decomposed and thrown off. I could never learn definitely of the after-treatment, but the fistula healed completely, and she made a good recovery, fully regaining her strength and weight. She walked three miles, three months afterward, to bring me a present."

INFLAMMATION OF THE EAR AND TONSIL IN CONNECTION WITH RHEUMATISM.—Dr. John C. Thorowgood writes, to the *Medical Times and Gazette*: I have often remarked the frequency with which chronic rheumatism is associated with inflammation about the auditory meatus. Those who consult the physician on account of rheumatic pain nearly always have some impairment of hearing; and when the ear is examined, the patient will be found wearing a plug of wool to protect the organ from cold. The rheumatic irritation appears to affect the meatus, causing often a hot, burning feeling therein, with increased secretion, and blocking the

passage with lumps of cerumen. The membrana tympani, the internal ear, and the Eustachian tubes participate; and often these last become obstructed, so that no air will pass through them into the cavity of the tympanum.

Of severe tonsillitis as a precursor of acute rheumatism I have recently had a marked example. The efficacy of preparations of guaiacum in curing some forms of sore throat and tonsillitis may be taken as an additional proof of the rheumatic nature of these maladies. The ear trouble fairly established is obstinate and not soon cured. Hence the wisdom of the following bit of advice: "Enfoncez bien votre bonnet jusque sur vos oreilles; il n'y a rien qui enrhumant que dépendre l'air par les oreilles," is the advice of "Beline" to "M. Argan" in the *Malade Imaginaire*.

[These remarks of Dr. Thorowgood are of great practical interest, but the practice of quoting from foreign languages without translation is indefensible. The passage may be read thus: "Pull your cap well down upon your ears; there is nothing that gives cold like wind (dépendre l'air) in the ears." In the olden time, when to be learned meant to be a linguist, and when doctors were, in this sense, always learned men, quotations from foreign languages in native dress were both fashionable and proper in medical articles. To-day it is otherwise, and the author who indulges in this sort of pedantry will, in so far as the quotations go, fail to reach the understanding of the majority of his readers.]

TREATMENT OF EXOPHTHALMIC GOITRE. From an experience of upward of seventy cases, and fortified by the unanimous observations of Von Dusch, Eulenburg, Meyer, Erb, and others, Dr. Chvostek is led to regard the rational employment of galvanism as the most important part of the treatment of Basedow's disease. He recommends the following method to be pursued: (1) the ascending constant current applied to the cervical sympathetic, on each side, for at the most one minute; (2) the same to the spinal cord (the anode at about the fifth dorsal spine, the cathode high up in the cervical region); (3) through the occiput (one pole at each mastoid process), and in certain cases also through the temples, a constant current, for at the longest one minute, and so weak that the patient can feel but the slightest sensation of burning. Sometimes also local galvanization of the

thyroid gland with a weak constant current for about four minutes, the current to be reversed at the end of each minute. The applications should be made every day if possible. As a rule very good results were obtained, even in the most severe cases a cure or marked improvement being recorded. In three cases death resulted from excessive anemia or complications. — *Centralbl. für klin. Med.; Practitioner.*

FROM an Address on Collective Investigation of Disease, by Dr. Samuel Wilks, F. R. S., Physician to Guy's Hospital, in the British Medical Journal, we excerpt the following: In the matter of therapeutics, also, much good might be done. It would be very interesting to ascertain in what way many diseases are treated throughout the country. The best men in the profession have not yet discovered any laws to guide them; they can do no more than recommend certain remedies under certain conditions. The consequence of this is that the same diseases, or exactly similar cases, receive very different treatment at the hands of medical practitioners. Take the case of pneumonia. This is one of the diseases regarding which I am very frequently called into consultation. I therefore have had an opportunity of watching the different modes of treatment, and am astonished at the utter want of method or system which I see adopted. Hot applications are used by some, and ignored by others; blisters at once applied by some, deprecated by others. The old remedy, antimony, still considered most valuable by a few medical men, is utterly abolished by others from their prescriptions as dangerously depressing. Again, opium in pneumonia is regarded by some as a true antiphlogistic remedy, by others it is looked upon as most hazardous in all acute affections of the chest. One practitioner adopts a lowering treatment by active drugs, while another pours in ammonia and brandy. Then I constantly find special drugs given, such as aconite and digitalis. What is the experience of the profession of these drugs in this disease? I should much like to get a response from every man in England to the question, How do you treat pneumonia? What is the best accepted treatment in typhoid fever, scarlatina, or measles? What is the opinion of the profession about local treatment in diphtheria? We also want information as to the value of particular drugs in various diseases, such as aconite in sore throat. I think it would be

interesting to know, also, from general practitioners, on what drugs they most rely, and to have a list of all the medicines they use; also the remedies outside the Pharmacopeia which they regard as sufficiently valuable to be made officinal. On these and many other points, a collection of facts derived from the general practitioner would be of essential service. I am sure that, in many good and valuable treatises on medicine, there is great room for more information on the slighter ailments which are daily coming under the notice of medical men.

ACUTE INTUSSUSCEPTION SUCCESSFULLY TREATED BY INJECTION OF AIR AND INVERSION.—Mr. M. G. Biggs, of London, writes, in the British Medical Journal: A little girl, three or four years old, ill for about forty-eight hours with vomiting and diarrhea. She was very pale and prostrated. Her symptoms came on suddenly, and consisted of constant vomiting. No nourishment could be retained. She had tenesmus, with continuous discharge of bloody mucus, and no stool passed since the commencement of the illness. Examination of the abdomen revealed no tumor; but, on introducing the finger into the rectum, the usual sausage-shaped tumor was distinctly felt.

Having nothing at hand but a Higginson's syringe, I attempted to inflate the bowel with this, but did not meet with much success, as the air kept escaping. I therefore suddenly raised the child by the heels, and kept her inverted for a moment. Examination per rectum immediately afterward could detect nothing abnormal, the previous tumor having disappeared.

The next day the mother informed me the child had been quite well ever since I left; had eaten and retained the food; and that all the symptoms had been in abeyance ever since what she called "the operation." The child is now quite well, some months after the illness recorded above.

The diagnosis is made quite certain by the peculiar grouping of the symptoms. The sudden onset, tenesmus with bloody mucus, vomiting, no passage of stool, the general state of prostration, the discovery of a tumor per rectum, the sudden and entire disappearance of urgent symptoms and complete cure after insufflation and inversion, point conclusively to intussusception as the cause.

[Dr. Heustace, of Mobile, Ala., relieved an obstinate case of intussusception a year or so ago by introducing into the rectum a rubber tube, the other end of the tube being

attached to a seltzer or soda syphon. Two bottles were used, if our memory is not at fault.]

FURTHER NOTES ON THE USE OF HAMAMELIS IN THE TREATMENT OF VARICOSE VEINS.—Dr. J. H. Musser, before the Philadelphia County Medical Society: Some time ago the writer called the attention of the profession to the use of hamamelis in the treatment of varicose veins and their sequences. (N. Y. Med. Jour.) Since then numerous inquiries have been made of him concerning this drug, and several cases have been reported to him of its use. It has, therefore, been deemed advisable to again refer to this plan of treatment in order to instigate further investigation by the profession, so that the exact value of the drug in this disease may be determined. In the first place, to determine this question, it is important to know whether the beneficial results of the treatment of the cases previously reported were permanent or not.

The three cases noted in full in this paper have been under my observation ever since that time. The first two may be dismissed at once by saying that neither of the patients has had any return of the varicose veins or of any symptoms of them. Regarding the third, who was to be present to-night, it will be remembered that, on account of severity of symptoms, he was unable to work for nine months prior to having taken the medicine, and for three months of that time he was treated in a hospital by rest, pressure, etc. He returned to work two months after beginning the hamamelis, and has continued at his laborious occupation ever since. In answer to a summons, he presented himself two weeks ago. He had not taken any medicine for ten months. There was no return of any one symptom of his disease, save the varicosity noted below and slight edema of the left leg. The tissues, however, readily take on ulcerative action, for every time a stone fell against his leg an ulcer formed, with this difference from formerly, that it healed rapidly. On examination, two inches below the knee, on the inner aspect of the leg, a congeries of veins is found. They are not painful, returned during the past month, and have given him no trouble. The edema of the ankle is not marked. There is a small healing ulcer on the right leg, which was caused by a stone falling on the leg a month ago. Both extremities are very cold, on account of which he wears heavy stockings and woolen mate-

rial—articles that were unbearable one year ago. When the past sufferings of this man are compared with the comfort and usefulness of the past year, in view of the previous systematic treatment of him, it can scarcely be gainsaid that hamamelis is of value in varicose disease.

CONSUMPTION AS A PREVENTABLE DISEASE.—The New York Medical Journal thus comments on a paper read at the last meeting of the Medical Society of the county of Albany:

It is of Dr. Curtis's remarks on the causes of consumption that we shall try to give a tolerably full summary, as the subject is one about which a good deal of uncertainty is felt in the profession at present. This unsettled state of opinion Dr. Curtis contrasted with the satisfaction with which Louis's conclusions were accepted some years ago. He thought it safe to say that the facts were not all in yet, and that, until they were, it was just as well to maintain an attitude of doubt with regard to the diathesis theory, the inflammation theory, and the specific-germ theory. Coinciding in a general way with Dr. Bowditch's opinion that most cases of consumption arose from local causes—"damp grounds, wet cellars, and sloughs and undrained premises, as well as want of sunlight and good food"—Dr. Curtis would add to these the inhalation of air contaminated with sewer-gas and decomposing organic matter. Even granting that there was a specific germ, it was considered certain that under the influence of these factors the disease flourished most readily, and a specific germ could not, therefore, be taken as its only cause. There were other environments, favoring lowered vitality, which operated in like manner. An interesting statement was quoted from the Popular Science Monthly, to the effect that among animals in the wild state consumption was much more prevalent than among those in captivity, the writer attributing the fact to exposure and to the impossibility of the beasts' escaping in their lairs from the effects of violent storms. The danger to a delicate person, inheriting pulmonary weakness, of contracting the disease was much enhanced, Dr. Curtis continued, by the presence of air contaminated from a sewer.

In looking to the proper condition of a house in which a consumptive was to spend the winter, he would look to the drains and the cleanliness of the cellar and the living-rooms before he would consider dampness

and want of sunlight, as suggested by Dr. Bowditch. In so far as these unhygienic surroundings admitted of remedy, consumption was preventable.

POSTURES INDICATIVE OF MENTAL STATES. Dr. Francis Warner read a paper (Medical Society of London) on Postures Indicative of the Condition of the Mind, as illustrated in works of art, of which the following is an abstract. (Lancet.) A posture may be defined as the relative position of the members. Postures, being the results of the last movements, are indications of the mere mechanism which produces such movements. Positions of the parts of the body resulting from the action of opposing muscles, as seen in the limbs and face, may be called postures of these parts. The results of movement produced by the brain in various mental conditions may be thus studied; the positions being looked upon as the motor action accompanying that kind of brain action which is called mentation. In making clinical observations, children in various nervous conditions were the principal subjects; subsequently similar postures were seen in statues and other art works. The "nervous hand" of a neurotic child presents the wrist drooped, the metacarpo-phalangeal joints hyper-extended, the fingers slightly bent, the thumb drawn backward—such a posture is seen in either hand of the Venus de Medicis. In the Diana of the British Museum is the representation of a strong woman, and the free hand is in an exactly antithetical posture to that of the Venus, wrist extended, fingers and thumbs flexed. This posture is often seen in energetic conditions of the mind—*i. e.*, it is a common motor outcome of that brain condition whose mental state is called "energy." It is not thought that such facts are accounted for by assuming that they are due to heredity; inquiry and experiment are necessary to explain the causation of spontaneous postures. The Cain of the Petti Gallery, Florence, was cited as giving the posture of a hand in fright. Here, as in the Venus, both hands are in a similar posture, indicating a similar condition of both cerebral hemispheres. Symmetry of postures is often observed in clinical experience; on the other hand, it is very common to observe the "nervous hand" on the left side only. In the Dying Gladiator an example is seen of postures due to organic conditions; the urgent dyspnea here determines the postures, not the

action of the brain. In the statue of Hercules at rest, gravity determines the posture of the arms. From an examination of many works of art, the conclusion may be drawn that frequently artists do not consider it necessary to represent the mind of their subjects by an exhibition of nerve-muscle action, but trust chiefly to physiognomy in the representation of the outline, form, color, and texture of the face and body.

PULMONARY SEDATIVES.—These measures deserve a special name. The depressants of the afferent branches of the vagus to the brain, such as opium, ether, chloroform, etc., act as antispasmodics and muscular depressants, *i. e.*, prevent bronchial spasm, widen the tubes, arrest cough, and prevent or relieve pain and other distressing sensations referred to the respiratory organs. The most rational kind of pulmonary sedatives, however, are the expectorants above enumerated, when the cause of the distress can be removed. A combination of the two classes will manifestly answer best in most instances.—*Dr. J. Mitchell Bruce, in the Practitioner.*

NEVUS TREATED SUCCESSFULLY BY LOCAL APPLICATION OF LIQUOR ARSENICALIS.—Mr. W. J. Beatty, L.R.C.P., writes to the British Medical Journal: In my hands it has succeeded admirably, my last eight cases having been cured perfectly and painlessly by the local application of this remedy. The preparation I use is the ordinary liquor arsenicalis of the Pharmacopeia, with which the nevus is to be painted night and morning until ulceration takes place; and I find that the cure is effected in from three to five weeks.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from December 1, 1883, to December 8, 1883.

Carter, W. F., Captain and Assistant Surgeon, relieved from duty at Washington Barracks, D.C., to take effect at the expiration of his present leave of absence, and assigned to duty at Little Rock Barracks, Arkansas. (Par. 4, S.O. 224, Department of the East, November 30, 1883.) *Shufeldt, R. W.*, Captain and Assistant Surgeon, now on sick leave, relieved from duty at Jackson Barracks, New Orleans, La. (Par. 3, S.O. 224, Department of the East, November 30, 1883.) *Richard, Charles*, First Lieutenant and Assistant Surgeon, assigned to duty at Jackson Barracks, New Orleans, La. (Par. 2, S.O. 224, Department of the East, November 30, 1883.)